WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

34537

OCT 11 1934

1. PLACE OF DEATH

County ..... Registration District No. 291

Township ..... Primary Registration District No. 03

City St Louis Mo (No. 4304, Arco Ave St. ..... Ward)

File No. 9244

Registered No. .....

2. FULL NAME Sarah Ogle

(a) Residence, No. 4304 Arco Ave St., 18 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ——

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18-1856

7. AGE YEARS 78. MONTHS 1. DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co Mo

FATHER

13. NAME Unknown - Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Albert Ogle 4304 Arco Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE Kidd Cem, Jefferson Co Mo DATE Sept. 24 1934

19. UNDERTAKER (ADDRESS) Edith E. Ambruster 4234 Manchester Ave.

20. FILED SEP 23 1934 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-27, 1932, to 9-22, 1934

I last saw her alive on 9-21, 1934. Death is said to have occurred on the date stated above, at 1030 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	11/1/33
46	

Other contributory causes of importance:

Chr. Int. Nephritis 3/10/34

Name of operation — Date of —

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Otto T. Walser M. D.

(Address) 2904 Park Ave